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11
     RILEY BOYLE
12
     v.
13
     LEGACY HEALTH PLAN NO. 504, LEGACY HEALTH, and
     PACIFICSOURCE HEALTH PLANS
14
     File Name: disc rec_PS_003004_2018.06.18_Phone
15
     Call Boyle.wav
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1				
1	TORY: Customer Service. This is Tory.			
2	How many I help you?			
3	JOSIE BOYLE: Hello. My name is Josie			
4	Boyle and I have PacificSource, and I have a			
5	question about a denial that I received.			
6	TORY: Okay. Yeah, definitely. Can I			
7	get your member ID number?			
8	JOSIE BOYLE: Well, you know, I don't			
9	know what it is.			
10	TORY: That's okay. Umlet's do your			
11	last name and date of birth. How do you spell			
12	your last name?			
13	JOSIE BOYLE: B-O-Y-L-E.			
14	TORY: Okay. And what's your date of			
15	birth?			
16	JOSIE BOYLE: 7/24/73.			
17	TORY: 7/24/73.			
18	JOSIE BOYLE: Okay. It's actually a			
19	denial on my daughter's for my daughter. I			
20	don't know if that makes a difference.			
21	TORY: Yeah. Let's see. For what's			
22	her			
23	JOSIE BOYLE: Riley.			
24	TORY: Riley. Okay. Okay. Just give			
25	me one moment.			
	The O			
	Page 2			

Schmitt Reporting and Video, A Veritext Company 503-245-4552

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1	JOSIE BOYLE: No worries.
2	TORY: And then can you just confirm
3	Riley's date of birth?
4	JOSIE BOYLE: 8/15/2000.
5	TORY: Thank you. Okay, umsorry.
6	JOSIE BOYLE: It's okay.
7	TORY: Okay. And then what is the
8	address that we have on file for you ladies?
9	JOSIE BOYLE: 7015 Southeast 16th
10	Avenue, Portland, Oregon 97202.
11	TORY: Great. Thank you. Oh, okay.
12	Umso it looks like you guys are a part of the
13	Legacy Network, so we have a dedicated team of
14	customer service that can help you with this. So
15	let me just transfer you.
16	JOSIE BOYLE: Okay.
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	Page 3
	raye 3

1	CERTIFICATION
2	
	T. Common Todan white Words are stiffed that the
3	I, Sonya Ledanski Hyde, certify that the
4	foregoing transcript is a true and accurate
5	record of the proceedings.
6	
7	
8	Songa M. deslarshi Hyde
9	Songa M. Redarde Hyde
10	
11	Veritext Legal Solutions
12	330 Old Country Road
13	Suite 300
14	Mineola, NY 11501
15	
16	Date: May 10, 2021
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1	CERTIFICATE
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3	
4	I, Janette M. Schmitt, a Certified Shorthand
5	Reporter for Oregon, do hereby certify that after having
6	listened to an audio recording, that Sonya Ledanski Hyde
7	transcribed all testimony adduced and other oral
8	proceedings had, and that thereafter her notes were
9	reduced to typewriting under her direction; and that the
10	foregoing transcript, pages 1 to 4, both inclusive,
11	constitutes a full, true and accurate record of all such
12	testimony adduced and oral proceedings had, and of the
13	whole thereof.
14	Witness my hand and CSR stamp at Vancouver,
15	Washington, this 11th day of May, 2021.
16	
17	
18	
19	******* ******************************
20	Ja M. Saw
21	
	JANETTE M. SCHMITT
22	Certified Shorthand Reporter
	Certificate No. 90-0093
23	Expiration Date: 6/30/2023
24	
25	
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[reporter - yeah]

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